

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214554368				
1.) CORPORATION NAME: COMPASS INSURANCE COMPANY <div style="float: right; text-align: right;">DUE DATE: 6/30/2014</div>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY BANK OF AMERICA CENTER, 16TH FL 1111 EAST MAIN STREET RICHMOND, VA <div style="float: right; text-align: right;">SCC ID NO: F0253429</div>						
		5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>94,742</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	94,742
CLASS	AUTHORIZED					
COMMON	94,742					
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND COUNTY						
4.) STATE OR COUNTRY OF INCORPORATION: NY						
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;">ADDRESS: 9277 CENTRE POINTE DR STE 140</div> <div style="text-align: center;">CITY/ST/ZIP: WEST CHESTER, OH 45069</div>						
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.						
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERNEST JOSEPH BLACHE JR PRES./CEO 9277 CENTRE POINTE DR STE 140 WEST CHESTER, OH 45069	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY M SUSSMAN T/VP 2229 BROOKSTREAM COURT MIAMISBURG, OH 45342	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY KATHRYN DORNACHER SECRETARY 9227 CENTRE POINTE DR WEST CHESTER, OH 45069	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HUGH WILLIAMSON GREENE DIRECTOR 7769 CRYSTAL COVER POINT MAINEVILLE, OH 45039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA SUZANNE HENSON DIRECTOR 6513 MIDNIGHT SUN DRIVE MAINEVILLE, OH 45039	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS OTTO MITTERHOLZER DIRECTOR 7819 WOODBRIDGE COURT SPRINGBORO, OH 45066	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HERMAN RICHARD PLUSCHAU DIRECTOR 37 SHERWOOD RD RANCHO MIRAGE, CA 92270	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALWIN HELMOT THIEMKE DIRECTOR 36 BUTTONWOOD LANE EAST AMHERST, NY 14051	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GARY M SUSSMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GARY M SUSSMAN, T/VP PRINTED NAME AND CORPORATE TITLE	12/30/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			